**ABET, Inc.**

**Applied Science Accreditation Commission (ASAC@abet.org)**

**PROGRAM AUDIT FORM FOR 2017-2018 VISITS**

The attached Program Audit Form (PAF) summarizes the visit team’s initial assessment of each program being considered for accreditation and/or extension of accreditation by ABET.

The PAF has two parts. The first part summarizes the team’s identification of shortcomings with respect to criteria and policies. Shortcomings are shown as a Deficiency (D), Weakness (W), or Concern (C). Definitions are on the next page. The second part of the PAF is a detailed description of any identified shortcomings.

The due-process period begins with the departure of the visit team. Due process is a critical part of the accreditation effort and consists of the following steps:

* Seven-day response: Each program has seven days to respond to the Team Chair in case of errors of fact. Only factual errors will be considered in this portion of the review process. Please provide this response in electronic format. Additional material (beyond errors of fact) included with the seven-day response will be considered with the due-process response. If no errors are noted, no seven-day response is required; please notify your Team Chair if you will NOT be submitting a response.
* Draft statement: The Team Chair, working in collaboration with the visit team members, incorporates your seven-day response (if any) into a Draft Statement that is edited and reviewed by two editors, each of whom is a member of commission's executive committee. Following a final editing step by ABET Headquarters, the Draft Statement and a letter of transmittal are sent to your institution.
* Due-process response: You have 30 days after the receipt of the Draft Statement to reply to the Team Chair with your response to the team’s findings. The response normally will include documentation of actions taken to correct shortcomings identified in the Draft Statement. Copies of your due-process response should be sent to the Team Chair and to the editors indicated in the cover letter. Please provide responses in electronic format, if at all possible. You are not required to submit a due-process response. Please inform ABET (use the email address at the top of this page) and your Team Chair if you will NOT be submitting a response.
* Final statement: The Team Chair consults with Program Evaluators as necessary and incorporates the due-process response into the Final Statement. The statement is again reviewed by the editors and sent to ABET Headquarters for final processing.
* Final action: At its annual meeting in July, the full commission reviews all Final Statements and recommended actions. Following discussion, a vote of the Commissioners is taken for each program at each institution.
* Notification of final action: In August, ABET sends the Final Statement and transmittal letter informing you of the official accreditation actions for your programs.

ABET, Inc.

Applied Science Accreditation Commission

Program Audit Form

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Click here to enter text. | Visit Dates | Click here to enter text. |
| Program Name | Click here to enter text. | Program Criteria Used in Evaluation | Click here to enter text. |
| Team Chair | Click here to enter text. | Program Evaluator(s) | Click here to enter text. |
| Type of Visit | General Review  Interim Review | | |

**PROGRAM AUDIT SUMMARY**

(PROVIDE A COPY TO INSTITUTION AT EXIT MEETING)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use “C” for concern, “W” for weakness, and “D” for deficiency in the appropriate line.1 | Shortcomings from Previous Review | Exit  Meeting | Seven Day Response | Due Process |
| If the program has no deficiencies or weaknesses, check this line. |  |  |  |  |
| 1. STUDENTS |  |  |  |  |
| 2. PROGRAM EDUCATIONAL OBJECTIVES |  |  |  |  |
| 3. STUDENT OUTCOMES |  |  |  |  |
| 4. CONTINUOUS IMPROVEMENT |  |  |  |  |
| 5. CURRICULUM |  |  |  |  |
| 6. FACULTY |  |  |  |  |
| 7. FACILITIES |  |  |  |  |
| 8. INSTITUTIONAL SUPPORT |  |  |  |  |
| PROGRAM CRITERIA |  |  |  |  |
| accreditation Policies and Procedures |  |  |  |  |
| MASTERS LEVEL |  |  |  |  |

1Definition of terms:

* Concern: A concern indicates that a program currently satisfies a criterion, policy, or procedure; however, the potential exists for the situation to change such that the criterion, policy, or procedure may not be satisfied.
* Weakness: A weakness indicates that a program lacks the strength of compliance with a criterion, policy, or procedure to ensure that the quality of the program will not be compromised. Therefore, remedial action is required to strengthen compliance with the criterion, policy, or procedure prior to the next evaluation.
* Deficiency: A deficiency indicates that a criterion, policy, or procedure is not satisfied. Therefore, the program is not in compliance with the criterion, policy, or procedure.

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|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Click here to enter text. | Visit Dates | Click here to enter text. |
| Program Name | Click here to enter text. | Program Criteria Used in Evaluation | Click here to enter text. |
| Team Chair | Click here to enter text. | Program Evaluator(s) | Click here to enter text. |
| Type of Visit | General Review  Interim Review | | |

**DETAILED EXPLANATION OF SHORTCOMINGS**

(PROVIDE A COPY TO INSTITUTION AT EXIT MEETING)

|  |
| --- |
| The following comments provide detailed information on the shortcomings indicated on the Program Audit Summary.  For each shortcoming, the detailed information should:   1. Cite the applicable part of the criterion 2. Describe the observed facts that are inconsistent or potentially inconsistent with the stated criterion 3. Describe the negative impact on the program of the inconsistencies or potential inconsistencies |
| 1. STUDENTS |
| Click here to enter text. |
| 2. PROGRAM EDUCATIONAL OBJECTIVES |
| Click here to enter text. |
| 3. STUDENT OUTCOMES |
| Click here to enter text. |
| 4. CONTINOUS IMPROVEMENT |
| Click here to enter text. |
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